

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/202681

APPLICATION NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51		2				
2	/		1				52		2				
3							53						
4							54						
5	/		1				55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12	/						62						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	12		36				TOTAL DEP.						
TOTAL CLAIMS	16		40				TOTAL CLAIMS						